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Weekly Bulletin

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVII, No. 3 February 12, 1938 GUY P. JONES
EDITOR

California's Children Larger and Taller

In the late fifties, Dr. Henry Gibbons, a pioneer physician and first President of the California State Board of Health, stated in a medical journal that babies born in his practice in California were much heavier and longer than those delivered by him when practicing medicine in eastern states.

In 1918, Children's Year, medical examinations of children were made by physicians throughout the country and their findings assembled by the Children's Bureau at Washington. Weighing and measuring was done carefully and records from all of the states were analyzed by Dr. Robert Woodbury of the Children's Bureau. He found that California infants were taller and heavier than those of other states.

A new study covering children of school age in California has been undertaken by Dr. Orren Lloyd-Jones in Los Angeles. He has found that California school children exceed in stature and weight any available published record of comparable groups elsewhere. His report, published in the bulletin of the Los Angeles Department of Physical Education, reads as follows:

"Many persons who have worked with school children have long believed that the children of California were bigger than those who lived in other parts of the country.

"The question is, do California living conditions stimulate body growth in children to a greater extent than do living conditions in eastern and middle western states? Dr. Lokrantz decided to bring forth evidence that would bear on the matter. Through the agency of the W. P. A., a massive amount of data has been collected and studied statistically.

"Merely to measure all California school children of a given age and compare them with a comparable group of the East would obscure in a measure any specific California influence. This is because children now in California schools have in large part come here from the East and have been subjected to the out-of-door life and perpetual sunshine of the environment for varying periods. One way to make a critical study would be to measure California native born children alone, and to compare their average heights, age for age, with the heights of school children as recorded in other cities. Strange to say, there are available but very few published records comprising data of this kind with which we can compare the native born California children. That is one reason why the whole subject has remained so long in the discussion phase and why a satisfactory 'show down' has been impossible.

"If, in truth, California climate is acting as any special influence on growth, it must be acting constantly though slowly. Its effect should be accumulative year by year as the growing child lives longer and longer in California. We sought for evidence of such cumulative effect, and we have devised a method to measure it. For example: assemble all the fifteen-year-old girls or boys in our schools who have been born outside the state; record for each one the date of coming to California; list these children in columns according to the number of years they have spent in California; in these columns set down the height of each child. We can now derive the average heights for each 'years in California' group. You readily see that we now have figures that will reveal any effect of an environmental influence which has been operating during residence in California. We can now not only compare the heights of the '5 years in California' with the '10 years in California' group among fifteen-year-olds, but we can also compare each of these figures with the average heights of fifteen-year-olds who have been born in this State.

"Such studies we have made not only on fifteen-year-olds, but on each age from six to seventeen years. Altogether we have records of some 25,000 white children who have been born elsewhere and on some 50,000 white children who have been born in California.

"A detailed and critical analysis of these elaborate statistical tables will be made in a scientific paper in an appropriate place. At this time we are able to state that the average height of children of a given age born elsewhere than California is invariably less than the average height of California native born children. Now consider the interrelationship of the 'several years in California' groups into which the 'born elsewhere' children have been subdivided as above described. For the fifteen-year-olds for example there are three such 'years in California' groups. We find that the shortest children are in general those who have dwelt in California five years or less. Slightly taller is the group who have lived here six to ten years. The tallest of the three groups is the 'eleven to fourteen years.' Yet remember that taller than any of these three groups is the 'born in California' average. And remember that we are dealing with averages and not individuals. It might well turn out to be a fact that the shortest fifteen-year-old in the California schools is a 'native born Californian's' grandson of a Forty-niner; and that, towering among the tallest fifteen-year-olds is a youth only recently arrived from dingy Pittsburgh. These conditions might obtain without in any way reflecting on the statistical validity of our results.

CONCLUSIONS

"1. In the upper statures and ages of school children there is a definite increase in ratio of height to weight among California children.

"2. Average weight for height in school children of lower statures and ages has not been altered by residence in California.

"3. California school children of every age exceed in stature and weight any available published record of comparable groups elsewhere.

"4. California school children born in this state, (i.e., native born) exceed in stature and weight California school children born elsewhere of the same age.

"5. There is a definite positive correlation between length of body and length of stay in California when recorded in 'five-year-periods' within any school age."

Our country can probably boast of no more courageous a set of heroes than her gallant men who bend over her laboratory test tubes; the sword of science is at constant duel with the physical demons that plague mankind.

ASSOCIATION OF WESTERN HOSPITALS TO MEET

The Public Hospital Section of the convention of the Association of Western Hospitals and the Western Conference of the Catholic Hospital Association will meet in San Francisco February 28 to March 4, inclusive.

The first session of the section will come on Tuesday, March 1, at 11 a.m. The post-graduate course for graduate and student nurses in psychiatric nursing, will be conducted by Margaret H. Smyth, M.D. Harry Lutgens, Director of the State Department of Institutions, will be the discussant.

New legislation affecting institutions in this section will be discussed by Dr. Leo W. Farrell, and Miss Mary Cronen will give a progress report on the study of hours of labor and wages of hospital employees of county hospitals.

On Wednesday, March 2, at the same hour, the second session will open with a discussion on the admission policies of state and county hospitals by A. M. Will. This will be followed by a talk on "The Outlook of the Counties for the Disposition of Institutional Cases," by Dr. E. S. Loiseaux. Alcoholic colonies will be discussed by Dr. J. C. Geiger and epileptic colonies by Dr. Thomas F. Joyce. Social security for county hospital employees will be discussed by Dr. H. M. Ginsburg.

The cancer clinics, set for Thursday, March 3, at 11 a.m. will be of special interest, particularly to coast clinicians. With Dr. William B. Dorr, superintendent of the Riverside County Hospital, Arlington, presiding, talks will be given on "Cancer Clinics," by Dr. Charles A. Dukes, chairman of the Cancer Commission, California Medical Association, the "Women's Place in Cancer Control," by Dr. J. M. Flude, western representative of the American Society for the Control of Cancer and "Cancer Control Today" by Dr. Alson Kilgore. A feature of this meeting will be an address by Dr. Malcolm T. MacEachern, director of hospital activities for the American College of Surgeons, who will speak on the topic, "The Work of the American College of Surgeons."

The sick person may expectorate on the streets or on the ground. This phlegm contains tubercle bacilli, perhaps millions of them. It dries and may then be ground to a powder by passing feet or vehicles, and stirred into the air, mixed with the dust, and thus inhaled. Fortunately, the exposure to the light and air which occurs in this process kills most of the germs and thus renders them harmless.—Carl R. Howson, M.D., Los Angeles.

SCHICK TESTS AND ANTITOXIN LEVELS AMONG CHILDREN IN SANTA BARBARA COUNTY

(Continued from last issue)

TABLE I

Throat Cultures by Result and Racial Groups

	American		Japanese		Mexican		Other*	
	No.	Per-cent.	No.	Per-cent.	No.	Per-cent.	No.	Per-cent.
Negative --	19	51.08	92	55.08	90	62.50	35	64.81
C. Hoffmani	12	32.43	59	35.32	40	27.77	15	27.77
Combinations----	--	----	6	3.59	4	2.77	2	3.70
Streptococci	6	16.71	10	5.98	10	6.94	2	3.70
	37	100.22	167	99.97	144	99.98	54	99.98

* "Other" includes Chinese, Filipino, Russian, Irish, Spanish, Eskimo, Swiss, Italian and Portuguese.

TABLE II

Schick Tests by Result and Immunizing Agent Used

Imm. Agent	Years Imm.	Positive Schick		Negative Schick		No readings made		Total
TAT --------	6	17	21.5%	35		0		116
	7	8		56		0		
FT ---------	1	1	14.1%	0		0		121
	2	0		1		0		
	3	1		6		0		
	4	4		40		0		
	5	11		57		0		
APT --------	1	0	19.4%	6		0		72
	2	10		24		0		
	3	4		28		0		
TAT & ------ FT -------	9 6	0)		1		0		1
No. Rec. ------------		35	41.4%	51		1		87
No. Imm. -----------		5	100%	0		0		5
		96	23.9%	305	75.9%	1	.2%	402

"No record"—all in this group claim to have had some type of immunization in other communities, but such statements have not been authenticated. The children listed as having received APT three years ago were immunized in November, 1934, actually about twenty-seven months ago. APT one year were immunized in October and November, 1936, actually about three to four months ago.

TABLE III

Questionable and Protein Reactions in Schick Readings at Forty-eight Hours, by Immunizing Agent Used

Imm. Agent	Number in Group	Percentage of Total Group	Questionable Reaction	Percentage of Total Questionable Reaction	Protein Reactions	Percentage of Total Protein Reactions
TAT -----------	116	28.85	14	36.84	16	59.25
FT ------------	121	30.09	5	13.15	7	25.92
APT -----------	72	17.91	11	28.94	4	14.81
No Record -----	87	21.64	7	18.42	0	
No. Imm. ------	5	1.24	1	2.63	0	
TAT & FT-----	1	.24				
	402	99.97	38	99.98	27	99.98

Learning to practice good posture is half the battle; the other half is won by doing simple exercises for a few minutes every day.

INFANT DEATHS INCREASE

Infant deaths increased from 2143 during the first six months of 1936 to 2398 in 1937, an increase of 255 or 11.9%. The infant death rate increased from 53.5 to 54.1 per 1000 live births. An analysis of infant deaths by race shows that these deaths increased among whites 13.2%, negroes 37.1%, Indians 38.5%, Mexicans 8.4% and Filipinos 83.3%. Chinese infant deaths decreased 26.3% and races other than those listed decreased 52.9%. The change in infant death rates among the races in but half of each of the two years is shown in the following table:

	1937		1936	
	Number	Rate	Number	Rate
All races -----------	2398	54.1	2143	53.5
White -----------	1574	43.6	1390	38.6
Negro -----------	48	62.0	35	56.4
Indian -----------	36	169.8	26	108.8
Chinese ----------	14	55.3	19	68.8
Japanese ---------	28	40.5	28	37.9
Mexican ---------	668	110.6	616	102.1
Filipino ----------	22	118.3	12	169.0
Other -------------	8	80.8	17	229.7

A change in the method of arriving at the race of the child, for births, has tended to decrease the infant death rates and may account for a very small part of the increased infant death rate among whites and Mexicans.

QUALITY OF WINE IMPROVES

Almost every distributor of wines and every wine producer in the state have had their products sampled by the Bureau of Food and Drug Inspection. If a substandard wine is found in a retail store, the supply from the distributor is checked and, if necessary, the source at the winery is also checked. It has been found that very often wine may leave the winery in good condition but, due to faulty methods of handling the product, it becomes substandard. Some of the factors involved are improper cleansing of cooperage and improper handling of partly filled barrels. These are major causes of spoilage. Many distributors and wineries are not equipped for proper barrel cleansing and inspection of cooperage. Partly filled containers are often held for a month before the sale of the entire contents of the barrels are completed. This leads to spoilage and many dealers apparently do not realize the necessity for rapid turn-over of the perishable item. Nevertheless, the enforcement program started in northern California two years ago has produced conspicuous results. About five per cent of violations of the law are discovered upon sampling wines at the present time, while more than 50 per cent were encountered when the wine inspection service was instituted.

MORBIDITY

Complete Reports for Following Diseases for Week Ending February 5, 1938

Chickenpox

587 cases: Alameda County 7, Alameda 4, Albany 3, Berkeley 13, Emeryville 1, Oakland 23, Butte County 8, Colusa County 1, Richmond 2, Walnut Creek 1, Fresno County 23, Fresno 13, Humboldt County 3, Arcata 1, Eureka 2, Imperial County 16, Calexico 19, Kern County 3, Bakersfield 1, Taft 3, Hanford 2, Los Angeles County 32, Azusa 2, Culver City 1, Glendale 22, Long Beach 12, Los Angeles 62, Monrovia 1, Pasadena 2, Pomona 5, San Fernando 1, Santa Monica 5, Whittier 1, Torrance 4, Hawthorne 1, Bell 4, Madera County 2, Merced County 3, Orange County 11, Santa Ana 7, Laguna Beach 1, Tustin 1, Riverside County 22, Blythe 1, Corona 3, Riverside 2, Sacramento County 1, Sacramento 9, San Bernardino County 2, Colton 6, Redlands 1, San Diego County 5, Escondido 1, La Mesa 2, San Diego 11, San Francisco 45, San Joaquin County 5, Lodi 5, Stockton 2, San Luis Obispo 1, Burlingame 1, Daly City 1, San Carlos 4, Menlo Park 2, Belmont 1, Santa Barbara County 13, Lompoc 10, Santa Barbara 14, Santa Maria 10, Santa Clara County 3, San Jose 12, Santa Cruz County 1, Watsonville 3, Solano County 2, Benicia 2, Fairfield 1, Stanislaus County 6, Modesto 3, Red Bluff 1, Tulare County 12, Lindsay 14, Sonora 2, Ventura County 7, Oxnard 4, Santa Paula 1, Ventura 2, Yuba County 1, California 1.*

Diphtheria

34 cases: Oakland 2, Contra Costa County 1, Richmond 2, Fresno County 1, Kings County 1, Los Angeles County 1, Los Angeles 6, Torrance 1, Madera County 1, Fullerton 1, Riverside County 3, Sacramento County 1, San Diego County 2, Chula Vista 1, El Cajon 1, La Mesa 2, San Diego 1, San Francisco 1, San Joaquin County 1, San Jose 2, Ventura County 1, Oxnard 1.

German Measles

23 cases: Alameda 1, Berkeley 1, Emeryville 1, Kern County 1, Los Angeles County 4, Long Beach 1, Los Angeles 2, Pomona 1, Lynwood 1, Monterey Park 1, Bell 1, San Bernardino County 1, San Diego 1, San Francisco 2, San Joaquin County 1, Santa Clara County 1, Palo Alto 1, Tulare County 1.

Influenza

108 cases: Alameda 1, Fresno County 3, Imperial County 1, Kern County 19, Kings County 7, Los Angeles County 4, Glendale 2, Huntington Park 1, Long Beach 1, Los Angeles 29, Pasadena 1, Madera County 2, Sausalito 1, Napa County 1, Napa 5, Orange County 1, Brea 2, Fullerton 1, La Habra 1, Riverside County 3, Riverside 1, San Diego County 2, San Francisco 7, San Luis Obispo County 6, Santa Cruz County 2, Lindsay 4.

Measles

368 cases: Oakland 3, Butte County 1, Pittsburg 1, Fresno County 5, Fresno 4, Imperial County 1, Imperial 2, Kern County 9, Kings County 35, Hanford 4, Hermosa 1, Los Angeles 10, Pomona 6, San Gabriel 1, Madera County 5, Marin County 2, San Rafael 9, Merced County 5, Merced 2, La Habra 1, Riverside County 1, Corona 1, Riverside 2, Sacramento 1, San Bernardino County 1, San Diego 18, San Francisco 1, Santa Barbara County 1, Santa Maria 2, Stanisalus County 1, Tulare County 175, Lindsay 5, Tulare 2, Visalia 40, Ventura County 1, Oxnard 8, Yolo County 1.

Mumps

346 cases: Berkeley 2, Oakland 14, Contra Costa County 4, Fresno County 23, Fresno 9, Kern County 16, Tahachapi 2, Los Angeles County 22, Arcadia 1, Compton 2, El Monte 1, Glendale 10, Huntington Park 1, Inglewood 1, Long Beach 12, Los Angeles 4, Monrovia 1, Pomona 5, Lynwood 1, Hawthorne 2, Maywood 2, Madera County 4, Madera 4, Chowchilla 1, Marin County 1, Napa 1, Nevada County 1, Orange County 2, Laguna Beach 1, Roseville 18, Riverside County 2, Riverside 1, Sacramento 5, San Bernardino County 1, San Diego County 14, Escondido 1, National City 1, San Diego 17, San Francisco 26, San Joaquin County 2, Lodi 1, San Luis Obispo County 1, San Mateo County 1, Santa Barbara County 3, Santa Maria 2, Santa Clara County 22, San Jose 1, Santa Cruz County 8, Santa Cruz 2, Stanislaus County 39, Modesto 2, Oakdale 5, Turlock 1, Tehama County 1, Tulare County 16, Visalia 1, Fillmore 1, Marysville 1.

Pneumonia (Lobar)

184 cases: Alameda County 1, Berkeley 1, Oakland 5, Placerville 1, Fresno County 3, Humboldt County 4, Imperial County 4, Kern County 1, Kings County 1, Los Angeles County 23, Alhambra 1, Covina 1, Culver City 1, Glendora 1, Glendale 1, Huntington Park 1, Inglewood 2, Los Angeles 62, Pasadena 1, Redondo 1, San Fernando 1, San Gabriel 1, South Gate 1, Bell 1, Gardena 1, Madera County 1, Merced County 1, Monterey County 1, Soledad 1, Napa 2, Orange County 3, Orange 1, Riverside County 4, Corona 1, Riverside 1, Sacramento County 6, Sacramento 6, San Francisco 12, San Joaquin County 6, Lodi 1, Stockton 5, Paso Robles 1, Palo Alto 2, San Jose 1, Petaluma 1, Tulare County 6.

Scarlet Fever

252 cases: Alameda County 4, Alameda 2, Berkeley 2, Oakland 7, Butte County 3, Contra Costa County 3, El Dorado County 1, Fresno County 3, Calexico 1, El Centro 1, Inyo County 2, Kern County 4, Kings County 7, Hanford 7, Lassen County 2, Los Angeles County 24, Alhambra 2, Compton 1, Huntington Park 1, Long Beach 2, Los Angeles 43, Pomona 2, Santa Monica 1, Whittier 1, Lynwood 2, Madera County 2, Merced County 2, Gustine 1, King City 1, Nevada County 1, Orange County 3, Anaheim 1, Brea 2, Fullerton 1, Santa Ana 6, Tustin 1, Riverside County 2, Corona 1, Sacramento County 1, North Sacramento 1, San Bernardino County 2, Ontario 2, San Bernardino 1, Upland 2, San Diego County 2, La Mesa 1, San Diego 2, San Francisco 13, San Joaquin County 4, Lodi 7, Manteca 1, Stockton 9, Tracy 4, San Luis Obispo County 1, San Mateo County 1, Redwood City 2, Santa Barbara County 1, Santa Barbara 3, Santa Maria 2, Santa Clara County 4, Gilroy 1, Palo Alto 1, San Jose 3, Santa Cruz 2, Watsonville 1, Benicia 2, Petaluma 1, Stanislaus County 3, Modesto 1, Turlock 3, Sutter County 1, Tulare County 5, Ventura County 1, Fillmore 1, Ojai 4, Davis 1, Yuba County 3.

Smallpox

74 cases: Kings County 7, Hanford 1, Los Angeles County 8, El Monte 1, Los Angeles 18, Santa Monica 1, Signal Hill 1, Madera County 26, San Joaquin County 1, Lodi 4, Tulare County 1, Tuolumne County 2, Sonora 3.

Typhoid Fever

6 cases: Calaveras County 1, Calipatria 1, San Diego 1, San Francisco 1, California 2.*

Whooping Cough

340 cases: Alameda 2, Albany 1, Berkeley 21, Emeryville 7, Oakland 8, Butte County 4, Calaveras County 1, Contra Costa County 4, Fresno County 6, Inyo County 1, Bishop 1, Kern County 5, Bakersfield 1, Kings County 16, Los Angeles County 20, Alhambra 1, Compton 1, El Monte 1, Long Beach 4, Los Angeles 7, Monrovia 1, Montebello 1, Pasadena 1, Sierra Madre 5, South Gate 1, Bell 1, Madera County 8, Merced County 3, Monterey County 7, Monterey 3, Salinas 1, Roseville 6, Riverside 1, Sacramento County 8, Sacramento 15, North Sacramento 1, Ontario 1, San Diego County 5, Chula Vista 2, Escondido 5, La Mesa 13, National City 19, San Diego 18, San Francisco 38, San Joaquin County 6, Manteca 3, Stockton 9, San Luis Obispo County 1, Paso Robles 5, Burlingame 1, Daly City 1, San Bruno 1, Santa Clara County 5, Palo Alto 3, San Jose 1, Solano County 1, Benicia 3, Fairfield 8, Suisun 6, Vallejo 1, Stanislaus County 2, Oakdale 3, Tulare County 1, Ventura County 2, Ventura 1.

Meningitis (Epidemic)

2 cases: Oakland 1, Monterey County 1.

Dysentery (Amoebic)

3 cases: Fresno County 1, Ontario 2.

Dysentery (Bacillary)

One case: Los Angeles County.

Pellagra

2 cases: San Francisco.

Poliomyelitis

4 cases: Oakland 1, Kern County 2, Siskiyou County 1.

Tetanus

One case: Redlands.

Trachoma

2 cases: Orange County 1, Riverside County 1.

Paratyphoid Fever

One case: San Francisco.

Trichinosis

2 cases: Sacramento.

Jaundice (Epidemic)

One case: Arcata.

Food Poisoning

22 cases: Los Angeles 15, San Francisco 7.

Undulant Fever

2 cases: Orange County 1, Riverside County 1.

Rabies (Animal)

42 cases: Fresno County 3, Hanford 1, Los Angeles County 18, Culver City 1, El Monte 1, Glendale 1, Inglewood 2, Los Angeles 9, Pasadena 1, Pomona 1, West Covina 1, South Gate 1, Monterey 1, Yolo County 1.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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